DOCUMENT RESUME

ED 088 662 SE 010 512

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| AUTHOR | Han, Dae Woo; And Others |
| TITLE | Country Profiles, The Republic of Korea. |
| INSTITUTION | Columbia Univ., New York, N.Y. International Inst. for the Study of Human Reproduction.; Population Council, New York, N.Y. |
| SPONS AGENCY | Ford Foundation, New York, N.Y. |
| PUB DATE | Apr 70 |
| NOTE | 7p. |
| EDRS PRICE | MF-$0.75 HC-$1.50 |
| DESCRIPTORS | *Biographies; Demography; *Developing Nations; *Family Planning; National Programs; Population Distribution; Population Growth; *Population Trends; Social Sciences |
| IDENTIFIERS | *Korea |

ABSTRACT

A profile of the Republic of Korea is sketched in this paper. Emphasis is placed on the nature, scope, and accomplishments of population activities in the country. Topics and sub-topics include: location and description of the country; population (size, growth patterns, age structure, urban/rural distribution, ethnic and religious composition, migration, literacy, economic status, future trends); population growth and socio-economic development (relationships to national income, size of the labor force, agriculture, social welfare expenditures); history of population concerns; population policies; population programs (objectives, organization, operations, research and evaluation); private efforts in family planning; educational and scientific efforts in population; and foreign assistance for family planning activities. (RH)

Country Profiles

Issued by The Population Council and The International Institute for the Study of Human Reproduction, Columbia University

April 1970

ED 088662

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# THE REPUBLIC OF KOREA

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## Location and Description

The Republic of Korea is a peninsular nation in Northeast Asia which separates the Yellow Sea from the Sea of Japan. One hundred and twenty miles to the southeast lies Honshu, the principal island of Japan; to the west, at about the same distance, lies the Shantung peninsula of China. Korea's total land area, 37,427 square miles, is comparable to that of the state of Indiana in the U. S.

Korea has a much-indented coastline. The rocky east coast, with a tidal fall of only one or two feet, has few good harbors. The west coast, more indented and with large mud flats, has a tidal fall of from 17 to 27 feet. The major harbor of the west coast is Inchon, where the tidal difference of 27 feet is the second highest tidal movement in the world. The coast is dotted with numerous islands, many of which are inhabited.

Steep and stony mountains run the length of the peninsula and limit the area available for cultivation. The rivers are short and swift. The hottest months are July and August; the coldest, December and January. The bitterly cold Siberian-type weather, publicized during the Korean War, occurs only in the extreme north. During the rainy season, which begins in June and ends in August, the rivers and streams are filled with run-off water, often causing floods which aid rice production. Occasionally, when the rainfall is limited or late or when it is concentrated in a few severe downpours, the crops fail and food must be imported.

## Population

### Size

The estimated 1970 population is 32.2 million. The country's population as of October 1966 totaled 29.2 million. It is estimated that this number exceeded 30 million at the end of 1967 and was 31.1 million by June 1969. The population density in mid-1969 was 832 persons per square mile. The population in urban areas in 1966 was 9.8 million, with a density of 7,295 persons per square mile; the population in rural areas was 19.4 million, with a density of 528 per square mile.

*Number and size of households.* The total number of households in 1966 was 5.1 million, with an average household size of 5.7 persons.

*Married women of reproductive age.* As of the 1966 census, the total number of women between the ages of 20 and 44 years was 4,713,301. Of this group, 3,757,819 (80 per cent) were married; 289,398 (6 per cent) widowed or divorced; and 665,951 (14 per cent) unmarried. By age 30 almost all women marry: only 0.5 per cent of the age group 30–34 have never married.

*Average age at marriage.* In 1955 the average age at marriage for women was 20.5 and for men 24.6. In 1968 the average age for women was 23.0 and for men 26.8. Of women aged 20–24, 20 per cent were single in 1955; in 1966 over 50 per cent were single. Today, marriage remains a universal custom, but the age at marriage has risen.

### Growth Patterns

Between 1910 and 1967 the birth rate fluctuated. From a level of about 45 or more per 1,000, it hit a low during the 1950–1953 War, and was back to about 42 per 1,000 in 1960–1961. In 1968 the birth rate was estimated to be about 33 per 1,000. During this same period the death rate dropped from traditionally high levels to about 10 per 1,000 in 1968. In 1960 the growth rate was estimated to be 29 per 1,000 and in late 1968, about 23 per 1,000.

### Age Structure

Forty-nine per cent of the total population in 1960 was under age 14 or aged 60 and above. In 1966 the number of dependents (the young and the aged) was almost the same, but the number of children under 14 had decreased sharply while the number of persons aged 60 and above had increased.

### Rural/Urban Distribution

There has been a strong trend toward migration to the cities and especially to the capital city, Seoul. Between 1960 and 1966 the average annual rate of population increase for the entire country was 2.7 per cent; the rate of increase in the rural areas for this

same period was 1.3 per cent, while the rate of increase in the cities was 6.0 per cent. Seoul alone increased at the average rate of 7.9 per cent between 1960 and 1966. The rural/urban ratio in 1949 was 83:17; in 1966, 66:34.

### Ethnic and Religious Composition

Ethnically Korea is a homogeneous nation. Although religion has always been an important social factor, relatively few people reported a formal religious affiliation in the 1966 census. Of the total population, 3.2 per cent described themselves as Buddhist; 3.1 per cent, Protestant; 2.7 per cent, Roman Catholic; and 2.7 per cent, adherents of various indigenous religions. These figures are subject to some question since it is difficult to define these religions. Many of the indigenous religions have roots in Christianity; Buddhism usually has more adherents than those who claim formal affiliation; and Confucianism has played an important role in shaping social attitudes and permeates the religious attitudes of much of the population.

### Literacy

Education is an essential ingredient to social and personal improvement in Korea. Because of the emphasis on the importance of education, illiteracy is a very small problem. According to the 1966 census, the literacy rate was 85 per cent for the whole country; 93 per cent for males and 78 per cent for females. Elementary education is required for every child in the 6–11 age group. Literacy statistics show that this policy has practically eliminated illiteracy from the younger age groups. The largest group of illiterate persons is among those aged 50 and above.

### Economic Status

Of the population 14 years of age and older, 55 per cent were economically active in 1967. In 1963 the economically active group made up 51 per cent of the total population. Between 1963 and 1967 the number of persons working in primary industry (agriculture, forestry, and related industries) decreased from 63 per cent of the economically active population to 55 per cent; the number working in tertiary industry (service, transportation, commerce, and government) increased from 25 per cent to 29 per cent.

### Future Trends

With anticipated Government support for family planning programs, the population growth of Korea is expected to decrease in the future. Between 1967 and 1976 the death rate is expected to drop from about 10 per 1,000 to 7 per 1,000 while the birth rate is expected to decrease from about 33 per 1,000 to 22 per 1,000. The expected growth rate in 1976 will be 1.5 per cent.

Presently, about 27 per cent of the eligible couples (married couples, wife less than 45 years old) are practicing family planning through the Government program. It is anticipated that by the end of 1971, 35 per cent of the eligible couples will be employing some method of contraception.

## Population Growth and Socio-Economic Development

### Relationship to National Income

Since 1961 Korea has undergone intensified national development. Industry and investment are encouraged while imports are tightly restricted. As a result of the measures taken by the Government, the per capita net income has increased from $82.6 per year in 1960 to $138.9 per year in 1968, an increase of 68 per cent. During this same period the population grew by 25 per cent. An increasing gross national product and a decreasing birth rate are expected to improve the per capita net income greatly.

### Relationship to Size of Labor Force

Between 1930 and 1963 the economically active population declined as a percentage of the whole population because of an influx of children. Since 1963 this trend has been reversed.

The ratio of non-farmers to all economically active persons will show a gradual increase for the period 1971–1986.

The number of persons aged 15–59 is increasing at over 3 per cent a year and will grow even faster in the next 8–10 years because of the postwar baby boom. After that, the increase rate will gradually drop, reaching about 1 per cent from the late 1980's to the year 2000. During the same period, the number of farmers will decline as a proportion of the labor force and perhaps decline in total numbers if farming becomes mechanized. Menial labor jobs will undergo the same process. The net result will be an annual increase in the industrial labor force that is well above the increase in population aged 15–59.

### Relationship to Agriculture

Between 1956 and 1967 the total population increased by 35 per cent. During the same period food production increased by the following percentages: rice, 48; potatoes, 133; barley, 67; miscellaneous cereals, 39; pulses (leguminous crops), 36; and fruit, 207. The population ratio of farmers to non-farmers is expected to decrease to 53:47 by 1971. By 1976 there will be more non-farmers than farmers within the economically active group.

In 1967 agriculture, forestry, and fishery produced 33 per cent of the total gross national product, 11 per cent less than in 1956.

### Relationship to Social Welfare Expenditures

Between 1962 and 1968 the population of Korea increased by 14 per cent. In 1962 the Ministry of Health and Social Affairs received 2.6 per cent of the total national budget; in 1968, 1.6 per cent of the total budget. Because the total budget has risen sharply, this 1968 figure represents an absolute increase in funds over 1962.

*Public health.* During this same period, 1962–68, the number of beds in the general hospitals increased by 36 per cent. In 1962 there was one general hospital bed for every 2,656 persons; in 1967, one bed for every 2,011 persons.

*Public education.* In 1968 the Ministry of Education received 16 per cent of the total budget, a 4 per cent increase over the 1962 figure. Expenditures for elementary schools are currently 76 per cent of the total education budget. It is the stated objective of the Ministry of Education to place special emphasis on qualitative education at all levels in view of the fact that the accelerated quantitative growth of education over the last few

years had been achieved without equal emphasis on quality.

### History of Population Concerns

During the Japanese colonial rule of Korea, the Government sought to supply manpower for the military and economic needs of the expanding empire, but there was no official population policy. Following independence from Japan in 1945, 1,800,000 Koreans returned home from Japan and China. The destruction of the 1950–1953 War reduced social and economic facilities and made it even harder to accommodate the rapidly increased population.

It was during this war, when so many families had to take refuge under very difficult conditions, that the concept that large families were good was questioned. Contraception became more common and abortions in the cities increased. Soon after this war, in 1955, the first modern census was taken. This census became the base line against which future growth is measured.

In the 1950's concern about population growth was manifest in a variety of ways. Some doctors opened small family planning clinics or widened the range of contraceptives in their private practice. Professors mentioned the problem in university courses and in public lectures.

In 1960 a number of events occurred which culminated in the proclamation of a Government family planning policy. After a change in government leadership a freer climate for discussion developed. The Planned Parenthood Federation of Korea was organized. A census taken in 1960 showed a national growth rate of 2.9 per cent. Then in 1961, following another change in leadership, the Government formulated a series of five-year development plans and announced that family planning was one of its main economic programs. A nationwide movement for modernization was started by the Government, and family planning information and support was a part of this program. Also at this time the loop was introduced to Korea and was used by clinics and doctors.

### Population Policies

In 1961 the Government of the Republic of Korea announced that it would undertake a family planning program, under the direction of the Ministry of Health and Social Affairs. Family planning was to be included in the regular health network by the addition of 2,500 field workers over a three-year period. In addition, private doctors were to be trained to insert loops and to perform vasectomies.

Laws against the import of contraceptives, introduced during the period of Japanese rule, were repealed by the Government at this time. Local manufacture of foam tablets, condoms, and loops developed in the early days of the program. A law restricting abortion remains in effect.

No law specifies the control and legal limits of the family planning program. Executive decree, cabinet decisions on organization, and budgets passed by the national assembly have determined the program's operation.

The Ministry of Home Affairs has assisted in the program by instructing local governments to add personnel and match funds from the central budget.

Family planning targets have been included among the priority items for economic development. Responsibility for seeing that targets are met lies with the county and township chief, rather than with the health personnel—a fact which encourages local civil servant support for family planning.

### Population Programs

#### Objectives

Limiting population increase through the family planning program is an integral part of Korea's economic development plan. According to census figures, the estimated natural increase rate of population in the 1955–1960 period was almost 3 per cent. In 1963 the Ministry of Health and Social Affairs formulated a ten-year plan for family planning programs which included natural increase rate targets of 2.5 per cent and 2.0 per cent by the end of 1966 and 1971, respectively. In a recent decision, the Ministry established a new target for the period from 1972–1976, a natural increase rate of 1.5 per cent by the target year.

#### Type

To date the national family planning program has been the only official attempt to lower fertility. There are, however, several other factors which are affecting the fertility rate. The new status of women, as the country undergoes urbanization and secularization, is possibly the most important of these factors. It has resulted in higher educational levels for women and a greater number of women seeking employment; these conditions, combined with required military training for men, serve to raise the age at marriage. Another factor affecting the fertility rate is the desire for economic improvement and business success, which has supplanted the old Confucian ideal of scholarship.

#### Organization

The national family planning program operates through the Family Planning sub-section of the Maternal and Child Health (MCH) Section of the Bureau of Public Health, one of five bureaus in the Ministry of Health and Social Affairs. The chief of the Family Planning sub-section and the MCH chief handle the day-to-day management of the program in close consultation with the Bureau Director. These officials carry direct responsibility for policy, budgets and targets, supplies, records, and relations with the provinces. The Family Planning Advisory Committee to the Minister, organized in 1962, consists of about fifteen representatives from all areas related to family planning.

The Ministry of Health and Social Affairs works with the Ministry of Home Affairs, which oversees provincial and local government. This Ministry acts through the nine provincial governments and two special city governments, all of which have Family Planning sub-sections in their Bureaus of Public Health and Social Affairs. All targets for acceptors of contraceptive methods are given to the provinces. From here they are passed on to the counties, then to the townships, and finally to the field workers.

The actual services have been implemented through the already existing national and provincial health service network, which consists of 191 health centers, located one per county

(139) in rural areas and one per city ward (52) in urban areas. From the beginning this organization provided an automatic network for routine administration, a channel for reporting, and a definite chain of command from the national to the local level. This enabled the program to get off to a fast start, and avoided the necessity of constructing a large, new organization.

## Operations

*Character of program.* In order to achieve the initial ten-year goal by 1971, it is estimated that 45 per cent of the married couples of childbearing age must actively practice family planning, 35 per cent through the Government program and 10 per cent through their own resources. It was estimated that less than 5 per cent of eligible couples were practicing family limitation prior to 1961.

Implementation of the program is dependent on the family planning field workers dispersed throughout the country. Targets are devised in accordance with the population characteristics of each area. Workers recruit eligible couples to accept one of the methods offered by the program through door-to-door visits and group meetings.

The field workers themselves distribute condoms and oral pills and refer IUD and vasectomy acceptors to private physicians trained and authorized by the Government. These physicians provide the services at their own facilities and are reimbursed through the program on a per case basis ($1.33 per IUD insertion and $3.30 per vasectomy). Each vasectomy acceptor receives $3.00 compensation for work time lost; the field staff receive a $.33 vasectomy referral fee, $.33 IUD referral fee, and a small travel allowance. The only method not offered free to acceptors is the oral pill: there is a slight charge of $.10 per cycle.

Acceptors experiencing medical difficulties as a result of one of the methods can obtain treatment free. Minor complications are handled by the private physicians themselves, while major complications are referred to provincial or university hospitals.

*Information and education.* A primary task of the field worker is to inform and educate the public about the family planning program. In 1968 field workers reached over 400,000 persons through home visits and group meetings. Korea's high literacy rate of over 90 per cent has facilitated the education program.

During the initial years of the program, the main methods of providing information were radio, sound trucks, movie shorts, and printed material such as posters, flip charts, and hand bills. The success of these methods may be seen in the results of the special information effort undertaken in 1964 when the IUD was introduced to Korea. During a two year period, there was a rise from 11 per cent to 60 per cent in the number of married women under 45 who said they knew of the method (1964 and 1966 KAP surveys).

In the past year increasing emphasis has been placed on the mass media, with the more effective use of television the primary goal of this effort. Although there has been only limited use of TV to date because of the high cost, it is felt that this is one of the best ways to reach the urban population.

On a group level, the Mothers' Classes were organized in 1968 in about 16,800 administrative villages throughout the country. Meeting quarterly, these groups were intended to educate women in the rural areas, to facilitate introduction of the pill, and to strengthen acceptance and continuation rates. These groups, about 12–15 women per class, offer a place for discussion of problems which may arise from one of the contraceptive methods, and thus aid in dispelling false rumors. Some 200,000 women have participated to date.

*Methods.* Since 1964 the national family planning program has placed primary emphasis on the IUD. The Lippes loop, manufactured in Korea with imported materials, has been used almost exclusively to date. The national target for the IUD was one million current users by the end of 1971. But because of the low retention rate of the IUD, some 1.8 million loops will have to have been inserted by that time; even this will produce only about 800,000 wearers by the end of 1971. The deficit will be covered by pill users.

Until 1968 the only other methods offered in the program were vasectomy and condoms. The goals for 1971 are 150,000 vasectomies and 150,000 couples who are regular, monthly users of condoms. Vasectomies are performed by the private physicians trained and authorized in this method. The condoms, manufactured in Korea, are distributed free by the family planning field workers.

In 1968 the oral pill was added to the program. Originally intended only to compensate for IUD target deficits, the pill was first offered only to women who had discontinued using an IUD. This policy was changed, however, in the summer of 1969; the pill is now offered to all women. All pills used in the program are provided by the Swedish International Development Authority (SIDA) through a commodity grant.

In addition to the methods offered by the Government program, several types of contraceptives are available through private channels. Pills, condoms, jellies, and foams are manufactured locally and are sold at pharmacies. In early 1968 legislation was passed to make importation of contraceptive materials tax-exempt, thus helping the commercial firms.

In recent years induced abortions have had an increased effect on the fertility rate in Korea. Although illegal, abortions are performed by numerous physicians with very little interference from the Government. A 1967 KAP survey (knowledge, attitude, and practice of family planning) showed that 25 per cent of urban women and 7 per cent of rural women had experienced at least one induced abortion. A 1968 fertility survey showed the experience rate at 30 per cent in urban areas and 15 per cent in rural areas, a sharp rise among rural women over the 1967 figures. Abortions are usually performed at private hospitals and doctors' offices at relatively low cost.

*Personnel.* Since the program relies heavily on the clinical methods of IUD, vasectomy, and the oral pill, qualified medical personnel are essential to the success of the service network. From its inception the program has used private physicians, trained

and authorized by the Government, for performing both IUD insertions and vasectomies. At present there are some 1,200 qualified IUD physicians and some 500 trained vasectomy physicians.

In the 1962–63 period when the family planning program was initiated, the Government hired and trained approximately 380 nurse-midwives to work out of the existing county and city health centers as family planning field workers. In 1964 it was decided that this number was inadequate to meet the targets set for the program. Lay workers, 80 per cent of whom had at least a high school diploma, were recruited and assigned to the township level as assistant field workers. Their number totaled 1,473. The number of nurses at health centers was increased to 911. At present there are about 2,200 full time field workers, an average of one field worker for every 1,600 eligible couples in the rural areas and one for every 2,400 eligible couples in the urban areas.

The addition of the oral pill to the program brought with it the problems of distribution and follow-up. To meet these problems, 139 pill administrator-community organizers have been assigned to the county level. In addition to the pill program, they assist in organizing the Mothers' Classes. The pill program is closely tied to the Mothers' Classes since their regular meetings offer an ideal opportunity for the distribution of the pills.

*Budget.* The program is financed primarily through annual budget appropriations. The estimated cost for the current ten-year program is slightly below 20 million dollars, or about $.065 per person per year, a part of which is devoted to direct maternal and child health items. On a yearly basis this had averaged $1.5 million provided by the central government, and $.5 million each provided by the provincial governments. Foreign assistance has been limited to training of personnel, evaluation, public information, and supply of some materials. Except for SIDA-supplied pills which entered Korea in 1968, commodities did not begin to enter the country in quantity until late 1969.

The national expenditure on family planning for 1969 totals $1.8 million. Of this amount, 48 per cent went for contraceptive services; 35 per cent, salaries of field workers; 6 per cent, public information; 4 per cent, mobile units; 3 per cent, training; 3 per cent, construction costs for the national family planning center (Korea's matching funds to the SIDA grant); and 1 per cent, evaluation. Local governments have given matching funds for salaries and provided operating costs for vehicles assigned to the health centers.

### Research and Evaluation

The Family Planning Evaluation Unit of the Ministry of Health and Social Affairs is the primary bureau through which regular surveys and evaluation studies are conducted. Extensive surveys conducted from 1965–1968 were designed to measure the progress of the program since its inception in 1962 and to assess change of attitudes in the general population. In addition to these special surveys, regular monthly reports and simple data on a cross-section of acceptors are processed continuously.

Numerous studies and surveys have also been conducted at universities and colleges, most notably in various departments and schools of Seoul National University and Yonsei University. Research by individuals at other universities, such as Woo Suk and Kyung Book, has been important. The Planned Parenthood Federation of Korea has stimulated and coordinated both field and clinical research, and has participated in the administration of funds for research.

*Accomplishments.* Korea began implementing her nation-wide IUD program in May 1964. The cumulative IUD acceptors reached 1,468,000 in June 1969, representing 98.7 per cent of the target for that date in the ten-year program.

Acceptance of the IUD is highest among women in their thirties. This figure can be understood in terms of a growing desire by still fecund women of the middle parity groups to avoid further pregnancy. In Korea possibly a more important factor than parity is the number of sons a woman has. The highest acceptance rates are among women with at least three sons and at least five children in total, though the greatest numbers come from the more numerous women with fewer children. In regard to educational level, IUD acceptance rates increase as the level of education decreases: over 50 per cent of all acceptors are women with little formal education, though women in this group comprise less than 45 per cent of the total number of women in the country.

As of June 1969, there were 742,000 current users of IUDs, amounting to 18.9 per cent of all eligible women. This reflects the fairly high IUD termination rate which has been experienced in Korea—roughly 38 per cent after one year and 56 per cent after two years. Urban women show a higher termination rate after one year (41 per cent) than rural women (37 per cent). However, the fertility rate is low after loop terminations because women resort to other methods of contraception and to induced abortion.

In the vasectomy program there were 124,692 acceptors by June 1969, 90.3 per cent of the target set for that date. There are approximately 140,000 regular, monthly users of condoms (93 per cent of the target) and 125,000 regular users of the oral pill. The number of oral pill users is less than half the target—partly because of the late start of the program in 1968 and partly because the pills were originally offered only to women who had discontinued using an IUD. A rapid increase in pill users is expected with the recent removal of the latter restriction.

Estimates indicate over 300,000 births prevented by IUD insertions from their start in 1964 through 1968, or a 10 per cent drop in the crude birth rate as of December 1968. In that same period approximately 75,000 births were prevented by vasectomy, and 55,000 by conventional methods.

The crude birth rate in late 1968 was about 31–33 per 1,000, a drop from the 40 per 1,000 estimate for 1961. With an estimated crude death rate of about 9 per 1,000 in 1968, the natural population increase rate stood at about 2.3 per cent. From the current rate, it seems that the target of 2.0 per cent for 1971 can be reached.

### Private Efforts

Prior to 1962 there was no national program. Some individuals, however, realized that Korea's population problems had already reached critical proportions and they did what they could to encourage family planning, basing their arguments on human welfare rather than on economic development.

In 1960 the International Planned Parenthood Federation sent representatives to Korea to meet with interested persons and to encourage the adoption of a family planning program. As a result of this visit and the increasing interest in family planning among the public and private citizens, the government instructed the appropriate health officials to draw up plans for such a program.

The Planned Parenthood Federation of Korea (PPFK) was officially founded in April 1961. It was reorganized in the fall of that year, following the military revolution, and has continued in that form to the present. As a voluntary agency comprised of leaders from many fields, PPFK was founded to support and supplement the Government's national family planning program.

Close cooperation between the Government and PPFK has contributed to the success of the program. From the beginning of the program, certain functions have been delegated to PPFK, which, it was felt, it could handle more effectively than the Government. The training of family planning personnel, including doctors, nurses, and field workers, has been one of its main functions. PPFK also sponsors educational and informational efforts, administers foreign grants, operates several training and mobile clinics, and represents Korea in voluntary international organizations in the field of family planning.

PPFK has a staff of 35 in its main office in Seoul, as well as some 200 other staff members in provincial and county offices. Ten per cent of its annual budget of approximately $800,000 comes from the Korean Government. The primary source of income for PPFK since 1964 has been the Population Council ($1.4 million, 1964–1968) and, secondly, the International Planned Parenthood Federation ($631,000, 1964–1968).

### Foreign Assistance

Foreign assistance for the national family planning program has been varied in kind and scope. Assistance has included technical, financial, and material aid, given either directly to the Government or indirectly through PPFK.

A breakdown of the utilization of assistance shows: pilot projects, research, and evaluation, 31 per cent; activity support, 29 per cent; training of various categories of workers, 18 per cent; information and education, 13 per cent; and contraceptive supplies, 9 per cent.

Besides financial and commodity assistance, the program has received useful advisory services from foreign groups. In the initial stages of the program this involved mainly encouragement of policy makers, establishment of demonstration pilot projects, and coordination of the involved ministries and departments. As the program has expanded, foreign assistance has served to supplement weaker areas of the program, filling financial and material gaps. In addition, it has supported the training of personnel, especially in research and evaluation.

#### Population Council

In early 1963 the Government invited the Council to send a mission to advise on the program's future. At the Government's invitation, the Council assigned a permanent representative to Korea in late 1963 to advise on the national program and to coordinate foreign assistance to the program. The $1.4 million which the Council provided from 1964–1968 to the program (all through PPFK) represents about 50 per cent of all financial assistance from foreign resources to the program. The Council also provided over $200,000 in funds granted to it by AID for the founding and operation of the Mothers' Classes for one year starting in 1968.

#### International Planned Parenthood Federation

Instrumental in encouraging interest in family planning in Korea, IPPF has also provided financial assistance through PPFK since 1961, including a grant of $242,000 in 1969.

#### Swedish International Development Authority

Since the start of the oral pill program in 1968, SIDA has provided all of the pills used. To date, more than 4 million cycles have been promised. It also agreed to support the National Family Planning Center, now under construction. When completed in 1970, this facility will house training, evaluation, and information activities, and the Population Council staff. SIDA has also provided new mobile vans for the provinces and counties, as well as audio visual equipment.

#### United States Agency for International Development

USAID is making a direct commodity grant of over $1 million in the form of vehicles, audio visual equipment, computing equipment, and other items, to be placed in the health centers throughout the country and in the National Family Planning Center.

#### Oxford Committee for Famine Relief

In 1965 OXFAM made a grant of $18,700 for the establishment of family planning clinics at the medical schools of two universities in Seoul (Seoul National University and Yonsei University) where pilot projects and surveys are conducted. These clinics, and others aided by OXFAM outside of Seoul, provide general family planning services to the public.

#### Others

Brush Fund, Pathfinder Fund, and the Asia Foundation have provided financial assistance for various projects, including mobile clinics, pilot projects, and research.

### Summary

Factors that have facilitated the development of the Korean family planning program are the following:

(1) The people are generally receptive to the idea of the need to limit births and to do this through contraception. Because literacy is high in the group of women now having children, printed materials and mass media have been useful in supplementing word-of-mouth and face-to-face information techniques.

(2) Family planning has received strong and continuous support from the Government through budget allocations and policy decisions.

(3) There is an adequate supply of field workers, especially for the rural areas, so that all fertile women can be reached through group and individual meetings on a regular basis.

(4) At the beginning of the program, all services were free and money was given to the vasectomy acceptor to compensate for time lost at work. The oral pill program charges a small amount ($.10) for each cycle.

(5) Many groups, especially the medical profession, voluntary agencies like PPFK, and the universities, have performed cooperative and supportive roles in the program.

(6) The Government program has been strongest in the rural areas where other services are not readily available. Private purchase of contraceptives has been heaviest in the urban areas.

Factors that have limited the development of family planning follow:

(1) A dearth of available medical services in much of rural Korea has necessitated extra effort in order to bring contraceptive services to the client.

(2) The target system, which emphasizes the initial acceptance of a method, has not emphasized follow-up by field workers. There is a need for more contact with women, by field workers, to lower the rate of discontinuation of contraceptive protection.

(3) The program has been almost totally related to health centers and doctors in private practice: the hospital network has been involved only sporadically. Efforts are currently under way to solve this problem.

(4) Although a number of other Government and private agencies have cooperated, their cooperation has not been systematically sought or coordinated.

(5) Low levels of maternal and child health care make people want to have more children in order to insure that some live to maturity. However, this problem seems to be slowly diminishing.

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This is part of an information service provided by The Population Council and The International Institute for the Study of Human Reproduction, Columbia University, under a grant from The Ford Foundation.


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